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9.s. During this deployment, old you aspend co any unit events? (Warn of that opply)  (1) Bits of erlosson (IED, IPD, Bind mine, prehade etc.)  (2) Vehicular social/PUPLAR (any vehicle, impuring.)		question !	of the following happ EDIATELY strat say o 3.s.? (Marks lithat a	of the over:(s) yo	e you lold haspened by hist noted in	so
aireatti	di Var A	No (1) Lost or	onsciousness or got "	inocked out	O YES E NO	
(3) Fragment wound or build wound above your troublest	St. Ass O	(%) LEG CO	sted, confused, or *14		Yes O No	
(4) Fall	O Ast 19		smember me event		O Yes & No	
15) Dines event (for example, a spons injury to your	O ARE &		osnoušáloň		O Yes B No	
nead) Describe	G Yes O		head injury		O Ass 10 We	
injury to need, boring	9.00					
9.c. Old any of the following problems begin to get worse the event(s) you noted in question 9.a.? (Mark all that a		9.d, in the par fn 9 c. 7 (M	st week, have you ha are sit that apply)	d any of the sym	ploms you indicated	
(1) Memory problems or lapses	OYH O		ry problems or isose	• (	Yes @ No	
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(3) Ranging in the ears	O Vte O		g in the curs	€	Yes O No	
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(6) Headair (6) Headaches	O YES ON				Yes & No	
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	35 143 O 16	(/) bloep	probrems	C	Yes ( No	
DD FORM 2900, JAN 2008					Page 2 of 5 Pages	ı
This form must be completed  Service Member's Social Beourity Number: 321-7  10. Do you have any persistent major concerns re believe you may have been exposed to or end if NO, stup to question 11.	0-9075 garding the ountered wa	frealth offests o		ot be accept		• •
10 m. K EES, please mark the kem(s) that best describe your	concern-					
O Administration of and		O Loud noises				I
O Animal bodies (dead) O Chloire pas		O Pants				ı
O Depleted wantum (if yes, suphin)		O Pesticides	- Tube			
O Excessive vibration		O Rattar/Micro	waves .			į
O Fog plu (smake screen			burning trash or face:			
O Gainage		O amous vom		<u> </u>		
O Human blood, body fluids, body parts or dead bodies		O Solvenis				
O lockstrial polyurion		O Term heaters	moke			
Q includables			ck exhaust turnes			
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O JPB or other lyers		MINC BOO, etc.	. (II yes, espian)		ı	
○ Lasers			<del></del>			
11. Since return from your deployment, have you he apposes, lamby nambers, close triends, or at wo warry or content?  12. Have you ever had any experience that was so for	rk that sout lightening, h	nus to cause y	он ОҮ	PAST MONTH		
a. Have had nightmarks about it orthought about it when y				O Yes	⊕ No	
b. Triad hard noted think about a or were out of your way to	pvold e1ustor	rs that remind you	ol it?	O Yas	@ No	
e. Were consismly on guard, waterful, or easily statiled?				( Yas	O tto	
d. Fell numb or detached train others, equilies, or your sur	roundings1			@ Yes	C) No	
13.4 In the PAST MONTH, Did you use alcohol more than you	mean tot			O Yes	(i) No	
ti. In the PAST MONTH, have you tell that you wanted in or	na od Debe an	down art your oral	ing?	O Yes	⊕ No	
c Howester do you have a client containing alcohol?  O Hove O Morenty or less O Z to 4 times a m	ionto C	) 21o3tomesa w	rek @≐ore	more times a we	ek	
O Lors @ Jos 4 O Sur 8		ov šia dheking?   2 in 9	Q 10 az	more		
s. Howelten do you have ser or more drinks on one occasion			8 <del></del>			
O Herer O Less man mentaly O Marinly  t. Over the PAST MONTH, have you been bothered by		Weakly Ferror	O Daily  More than	Heady		
following problems?	ing ing	Several days	hat the days	day		
a. Utilia infarest or pressure in doing things	8	o o	0	0		
b. Feeling down, depressed or hopeless	•	0	0	0		
<ol> <li>Would you like to sonsdule a visit with a healthcare concernie)?</li> </ol>	provider to	INTERN CHECUS	your health	① Yes	O 140	
i. Are you currently interested in receiving information alcohol concern?	n or əssisiai	nce for a simes	. emotional or	O Yes	<b>€</b> Ho	
Sea umi circiently interested in renewigh essistance	in a temlik	nr relationatio	enntem?	O Yes	€ 140	

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Health Care Provide		-				D 0 100 100 100 100 100 100 100 100 100	777. 0	5-(XEP20)	
Provider Review and I	VinLajam								
1. Review symptoms	and deploym	nent co	ucstus	Identifi	ied on form:				
(3) Confirmed streetie	ng results as re	tennes							
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2. Ark bebavioral risk 4. Over the PAST MON	TH, have you				ment, sihelyou would be better bil	Dead		) Yes	ÓD M
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b Since return from your	r doployment.	Have vou	had the	ivaNa di		O Y41		3 No	
you might hun or lose	e control with E	DTI PONE	,			0 141	18	, 140	ΟV
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a. Does member pose a	current risk to:	naum to	sel or o	iners?	O No, nor a purrent risk	O Yes, poses a	0	Unsure	
b. Dulcome of assessme	At				O inmediate	O Reutina follow up reterral	۰ ٥	Heterral n	ot indicat
l. Alcohol screening rea	<b>E</b> ndt								
O No evidence of alcoh-		Nerres							
(b) Potential attornol prob	sem (poshwe i	eanonse	to ekne	questio	n 13a or 13o andlor AUDIT-C				
(questions 13c-e) acor Rater to PCM for evalu	re of 4 or more	larinea LYes	61 3 G t	note for	women)				
	10 to	10.00	_	) No				× 4	ő
<ul> <li>Traumatic Brain Injury</li> <li>No evidence of risk ba</li> </ul>				20 4					
(3) Potential TBI wat pers					o R noitesp a				
Refor for additional eva	stigton.						0	Yes	ON
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	12. Raferral was made to the following I support system:  O Military Treatment Feelily  O Division/Line-based medical resource  #E VA Medical Center or Community Clinic  O TAKCATE Provider  O Context Support:	healthca	76 Of	

This form must be completed electronically. Handwritten forms will not be accepted. POST-DEPLOYMENT HEALTH ASSESSMENT (PDHA) PRIVACY ACT STATEMENT AUTHORITY: 10 U.S C, 136 10741, 3013, 5013, 8013 and E.O. 9397. PRINCIPAL PURPOSE(S): To assets your size of the "in alto deployment or supported military operations and to asset military heathcare provides an identifying and providing present and invite medical care you may need. The information you provide may result in a reterration additional neathcare may need a medical, densit or behavioral heathcare or desire commonly support services. ROUTING USE(S): In 100km to those auchower generally permitted under SU SC 5524(s) of the Privacy Act, to other Pederal and State agencies and division basebinds provided as a Accessary, in order to provide provided in the state of the provided and provided in the provided and provided in the provided and provided in the provided and provided and provided in the provided and pr DISCLOSURE: Voluntary. If not provided, hearthcare WILL Bill turnished, out comprehensive care may not be possible INSTRUCTIONS: Please read each question completely and carefully before entering your response or marking your selection are encouraged to answer each question. Answering these questions will not delay your return HOME. Withhelding or providing inaccurate information may impair a heathcare provider's ability to identify health problems and refer you to appropriate sources for additional evaluation or treatment. If you do not understand a question, please ask for help. DEMOGRAPHICS Last Nam First Name Middle Initiat ARROYO LUZMARIA Today's Date (do'nmmyyyy) Books Security Number 321-70-9075 14-Apr-2010 Cender Date of Birth (nathmanymy) Name of Your Unit during this Deployment 308th CA BDE, DET 29 01-bn-1981 O MUI (1) Female Service Branch Component Pay Grade O M3 O M3 O M1 0 E O 05 O 01 O All Force () Active Daty Ø Army O Coasi Guard O National Guard # Haservos O E3 0 03 O Creiza Bovernment Employee

O Other OH O 04 O Ws O Maithe Gorpa O Navy O G5 Employee O Other () EF O 05 O Out O ER 0 00 Date of assivel in theater (dd/mm/n/yyyr) 000 OB 000 Date of departure from theater (dd/mmm/yyy) Name of Operations Location of Operation. To what areas wate you mainly distinyed (sind-based poerations for more than 30 days)?
(Please mark all that apply, wiclosing the number of months spent at each boation.) Country 1' IRAO Time at location (months) 12 Time at location (morans) Country 3: Time at location (months) Tens at focution (moretra) Occupational apeciany during this deployment (MOS/ADC, NEC/NOSC, or AFSC): 42A3O Combat apacialty: 35830 Current Contest Information: Point of Contact who can always teach you: Prane: 7084306991 Cel: 81186306816 Name: Jannia Airoya Prone: 7081306991 Emal. Email: kremens arroyotius army mil. Address 9148 80, 88th CT Milling Address, 9148 Sq. 88th CT Emall HICKORY HEM . IL 60457 DD FORM 2798, JAN 2008 PREVIOUS EDITION IS OBSOLETE. Page 1 of 7 Pages This form must be completed electronically, Handwritten forms will not be accepted. Service Member's Social Security Number: 321-70-9075 Compared to before this deployment, how would you rate your neath in general new?
 Much better nowthen before I deployed. Overell, how would you rate your health during the PAST MONTH? ○ Excellen ○ Very Good ← Good O Somewhat better now than before I deployed (a) About the same as before I deployed O Fat O Poor O Somewhat worse now than balous I declared O Noon worse now than before I deployed During the past 4 weeks, how difficult have physical health problems mean or story made it for you to do your work or other regular delly activities? During the past 4 weeks, how difficult have emotional problems fusing steeling devessed or annius; trade it for you to do your work, take care of things at home, or yet slong with other people? A Not difficult at ott O Not difficult at all O Somewhat difficult O Very delicut O Very philout O Extremely delique O Extremely difficult How many limes were you eeen by a healthcare provider (physican PA made construit, sec) for a medical problem or concern during this deployment? Did you have to spend one or more nights in a hospital as a patient during this deployment? 7s. IF YES, are you still having problems related to this 7. Werz you wounded, Injured, assaulted or otherwise hurt during this deployment? event? D NS O Yes ON O Yes O Unsure Ear pay of the fallowing symptoms, altera indicate whather you went to see a healthcare acculates retained to make

coopinan, mc ), were placed on quarters (0iii) or given light/limited duty (Police), and whether you are still bothered by the symptom now.

Symplem	-	CHIP		VarPidHe7 Sthi Bethesed?		lethewd1	Symptom	See Calif				TILLE	CUBIC
-,	N	703	140	YOU	1 100	141	7 37.5214	Altr	You	NO	Yes	No	Tes
Free	1 6	C	0	0	6:	O	Dizzy, light headed, passed -	0	(4)	E	0	2	0
Coughtsailing more than 3 weeks	9	0	70	0	es	O	Channes	188	0	8	0	•9	0
frouble breathing	0	3	Œ	0	G2	0	Vombug	9	0	8	0	10	0
Bad headaches	0	Œ	60	0	•	0	Prequent indigestions hearthurn	60	0	0	0	€	0
Generaty faciling weak	0	45	63	0	130	0	Problems seeping or sid teeling thad after alrepting	0	60	Ø	0	⊕	0
Muscle sches	(1)	0	0	0	Ø	0	Trouble concentrating, easily detracted	0	9	•	0	€	0
Swotien, stiff or defined soviits	â	0	(2)	0	•	0	Forgetful or notate romembering things	0	0	•	0	Đ	0
Back pain	0	0	(4)	0	0	0	Hard to make up your mind or make decisions	0	0	6	0	Ð	0
lumbness or lingting in hands ir feet	•	0	35)	O	(P)	0	increased emability	o	(9)	Œ	0	#	0
rauble hearing	0	US	(t)	0	œ.	٥	Shor distance or inshes	9	0	6	0	99	D
inging in the ears	0	9	(4)	0	Œ;	- 1	Christ (please fal):	0	\$	0	0	58)	0
latery, red eyes	0	9	3)	0	80	0	3/re13	-				- [	
mming alivisian, like the fils were good out	<b>®</b>	0	<del>2</del> :	0	B	0							
nas pain or pressure	0	9	(N)	0	0	0	]				- 1	i	

This form must be completed electronically. Handwritten forms will not be accepted. Service Member's Social Security Number: 321-70-9075 9.a. During this deployment, did you experience any of the following evente? (Mark 2º met epply)

(1) Dear or exployed (IEO, IPG, sure nine, periode, etc.)

(3) No. () Yes P.b. Did any of the following happen to you, or were you lord happened to you, IMMEDIATELY after any of the evential you just noted in question 9.a.7 (Merk or mat apply) (2) Vahicular accidenticipah (any variete including averatu (2) Fragician shund of builti wound abore your shouldcis (1) Fazi Couscionavers of Boy Jouggest Ord, O Mb O Let (2) I'ell dared, convised, or 'sammers' O No @ Yes (3) Didn't remember the event @ No O Yes (5) Other event flor example, a sports equity (6) No O Yes to your heard). Doctribs (4) Had a concussion GHO OYES C) HO (F) Yas pointing and compatives (5) Had a head value 50 No O Yes 9.c. Did any of the following problems begin or get worse after the event(s) you noted in question 9.a.? (Mark All that apply) 9.d. In the past week, have you had any of the symptoms you indicated in 9.c.?

(Mark all that apply) (1) Memory problems or leasus ENO OVE (1) Memory problems or lapses O Yes (2) Balance programs or tile iness (2) Balance problems or discovers & No OYES ( No O Yes 13) Ainging in the ears O No 10 Yes (3) Ringing in the ears OND DYCE (4) Sansminly to bright light No O Yes (4) Benstimly to bright light ( No O Yes (5) VYMACKRY d) No O Yes (5) Irriability ( No (6) Headaches No O Yes (6) Headaches @ No () Yes # NO OYes (7) Sivep problems @ No O Yes 10. Did you encounter deed bodies at see people killed or wounded during this deployment? (Mark attinet 200y)
(8) No O Yes ( O Enemy O Costion O Cirian) 11. Were you engaged in direct combat where you discharged a wospon? ( No O Yes ( O Land O ses O ar )

12. During this deployment, did you ever feel that you were in great danger of being killed?

13. Have you also had any experience that was to flightening, horrible, or upsetting thei, IN THE PAST MONTH, you ...

2. Here had inprimited about it or thought about it when you did not word to?

(4) No. 14. Over the PAST MONTH, have you been bothered by the following problems? Not Fewer Morethan Name Brail sordial hazitia quety Days days day @ No O Yes Eithe interest or pleasure in cloing things b Tried hard not to think about it or went but of your way to avoid excellents that I is No Yes remaind you of \$? 0 4: 0 0 b. Fering down, appressed, or hoosest 0 @ 0 0 Were constantly on quard, watchful, or easily sterified? d. Fall numb or data and from others, according or your correctings? @ No O'Yes

15. Alcohol is occasionally available during deployments, e.g., R&R, port call, etc. Prior to deploying or during this

a. Did you use alcohol more than you meanl to? O No 6 Yes b. Have you fell that you wanted to or needed to cut down on your dunking? O No (6 Yes

c. How often do you have a drink containing alcohol? O Naver O Monthly or less

O Zio 4 imes a mondi Gi Zio J limes a waek O 4 or more livres a week

d. How many dimks containing alcohol do you have on a typical day when you are dinking?

e. How other do you have six or mo  O Never O Less theo mentally	O 5 or 6 ore drinks on one occesso O Maniny	@ 7 to on? ⊗ We			ě.	0 or more		
OD FORM 2795, 20070904 DRAFT		9	***		00	<b>-</b> 7	Page 3 o	17 P4
This form must be	completed atastroni	Ically, Hand	iwritten f	orms wi	ll nat be a	ccapted	l	
Service Member's Social Security Num	nber: 321-70-9075							
16. Are you worrled about your health	because you were exp	osed to: Ac	ark ail that a	pply)			No	Ya
Animal biles Animal bodies (devid)							Œ	0
Chonné gas							0	18
Oableled pranam (li ses, erplan)							0	lŏ
Foo olis (smoke screen		100					G	Ď
Garbega							0	용
Flumen blood, body fluids, body pana, or a industrial polymon	Alab poquet						0	10
क्तिक्टा व्यवहर							0	8
lancing radiation  _Po or other lucts							•	8
Lisus							9	8
Loud notices							O	0
Palota Pesicoles						-	6	8
Radar/Microwaves		·					0	8
Sandrium Smake from burning wash or leces							Q	0
Smoke from an fee							응	60
Solvents				•——			@	ŏ
Tert heater amove Vehicle or truck extraval futnes							9	0
Other exposures to toxic chemicals or maker	nals, surn as ammone, okr	cand, ac. (a	you augh	N			8	0
17. Wate you exposed to any chemicals medical care?  ØJ No O Yes			val eic) U	at requir	ed you to s	seek imn	ediste	
18. Old you enter or closely inspect any of the O Yes  19. Octous think you were exposed to an	y chemical, biological,		ical waria	ie adeule	during this	s deploy	ment?	
The O Den: New O Yes, and	tain with date and type fon.							
20. This guission assesses your personal Would you say your INDOOR contact O None O Mineral Missillan I hour pay.	Moderate  Modera	iry national: :s per week, b	s was; ul noi daily)	€ Es	lentive INSE 1 how	pernay, e		
<ol> <li>Force Health Protection Measures. Pr how often you used them.</li> </ol>	assa indicata which of	the followin	A Sout days	Some days	Mid Guinn	daployn Hot avalue		01
DEET insect repetient applied to sive		0	0	0	0	6		5
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Eye protection (nor ownmeros) sunglesses or	DIASCIDIKIN DASSES)	0	0	€	0	0	C	)
Hearing protection		10	0	Œ	0	0	0	,
N 95 or other easywards (not gas mask)		0	0	0	0	Œ	10	
P4s to stay awake, the dexestring  Anti-NSC mees		0	0	0	0	8	10	_
Pyritiosigmine (naive agent pir)		10	0	0	0	8	10	
Name agent entitles in ener		0	0	0	0	0	0	
Gelaura/convulsion entidote injector		0	0	0	5	0	1 ×	
NBC pas mask		0	0	0	ø	0	0	$\dashv$
LIOPP over garments		0	0	0	0	0	0	$\neg$
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rvice Nember's Social Security Number:								
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(F) Typhold	[_	mi-matenai m					AlPite	コ
○ Meningococcas  ○ Yellow Fever		Chlorodvín	e (Areles D	)			O Yes	
(a) Other, fill Hithst, Inventes		Dorycychin	t (V bramyc	et (B)		0 40	Q Yes	
01%		Morkoguinë	(Lecam e)			ONO	Q Yes	1
O Oom know	Γ	Primacuine				O No	O Yes	7
		Other:				0 140	Q Yes	1
Mould you like to achedule a visit with a h	<del></del>							-
Would you like to achedule a visit with a h		Chiter.				O Mo	יט	13

S.	Are you currently interested in seceiving assistance for a family or relationship concern?	(i) #0	O Yes
!7,	Would you like to schedule a visit with a chaptain or a community support counselor?	(D) No	O Yes

DD FORM 2796, JAN 2008

Page 5 of 7 Pages

This form must be completed electronic	ally. Handwritt	en forme will not	be acce	pted,	
Service Alember's Societ Security Number: 321-70-9075					
Health Care Provider Only Post-Deployment Health Care Provider Review, Interview, and	Assessment	186			
<ol> <li>Do you have any madical or dental problems that developed if yes, are the problems still bothering you now?</li> </ol>	d during this day	oloymen!?		G Yes	O 160
2. Are you currently on a profile (or LIMITU) that restricts your	schritles (light	or limited duty)?		O Yes	@ No
Il yes: For whal reason?			0,000		Q NA
is your condition due to an injury or librass that occurred during to Old you have similar problems prior to deployment? If so, did your condition worsen during the deployment?	lie doploymeni?		O Yes O Yes	() No () No	0 M
. Ask the following behavioral risk questions. Conduct risk as	pesament ss ha	CESSARY.			
a. Over the PAST MONTH, have you been bettered by inoughts or of hurling yourcell in some way?			O Yes	e	na Na
IF YES, about how often have you been bothered by these thoughts?	O A lew days	O More than nelf or the time	O 140	riy avery de	14
b. Over the PAST MONTH, have you had (noughts or concerns that) for lose control with someone?	hat you might	O Yes	(f) No	c	) Ursure
If member reports YES of UNSURE responses to 3.a. or 3.b.,	conductriek ass	erament,			
a. Does member pose a current risk for narm to self or others?	O No. not a	O Yes, potes e	() Unia	n t	
b. Duicome of assessment	O immediale referral	O Rouses tolom up relocal	Q field	ings most undi	Delea
Alcohol streening result					
No evidence of alcohol-felated problems     Potential elcohol problem (positive response to either guestion and/or AUDIT-C (questions 16c-e) score of 4 or more for men.		omen)			
Heles to PCM for Avaluation. (3) Yes () No					
During this deployment have you sought, or do you now inten for your mental health?	d to seek, court	eling or dece	(1) Yes	0	No
Traumatic Brain injury (TBI) risk maseaument  No evidence of risk based on responses to quantions 9 a c  O Potonfal YBI with pareistent symploms, based on responses to	o question 9.d.				
Refer for additional evaluation.			D Yes	0	No
Tuberculosis ilek assessment, based on response to question O slinimal risk	20.				
Increased lisk     Recommend tuberculosis skin testing in 80-90 days	0 40				
opieled Uranium (DU) lisk assessment, based on reaponses t (a No syldence of exocowe to depleted uranium	o question 18 (C	IV, Yea) or questic	n 18 (Yes	j.	
O Potential exposure to depleted uranium Refer to PCM for completion of DD Form 2872 and possible 24-	hour unnalysis.		O Yes	01	ia .
Do you have any other concerns about possible exposures or	events during th	is deployment	~ ~~	e. •	

mat you feel may affect Please list your concern		itth?					U. s		ਦ '~
	~								
11. Do currently have	any doss	ions or	concern	a snort	you	r health?	O Yes		no no
Please list your concerns									
DD FORM 2796, JAN 200	8							Pace 6	of 7 Pag
								,	
This form	most be	compl	eted eld	etronic	ally	. Handwiltten forms will no	t be accept	ed,	
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loaith Assessment Aller my Interviewiexaminesoi	o of the so we may be	vice ma	mber end	walvarb	of in utlip	is form, there is a need for further te problems. Further documents	of evaluation a tion of the pro	and folia objem ev	#∙up ös rafuation
1. Identified Concerns	Afinal Conpern	Major Coroen	Aseady to Yes	bries CAst Na	12.	Referral Information	With 24 hours	(Metro 7 days	77/40 27) ck
Physical Symptom(s)	(0)	0	(e)	0		Primary Gare, Family Practice			
Exposure Symptom(1)	O	. O_	. 0	.0	b.	Behaviors Hearth in Primary Care			
Environmental	0	0	0	0	•	Hones Health Specially Care			
Concetional	0	0	0	0	d,	Other specialty care;			
Compat or mission-related	0	Q	0	0		Authorogy			
Depression symptoms	Ó	Ó	Ó	0		Cerdialogy			
P130 symptoms	Ö	0	Ö	-0	7, 50	Denistry			
Anger/Aggression	0	0	0	O		Dermalorogy			
Special Ideaton	0	0	Ö	0	Object-	BVT		100 JANES	
Social/Family Conflict	0	Ö	Ó	Ô		Gí			
Alcohol Upe	O	Ö	0	Ō		Internal Medicine			
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in identifying and providing pres	rantess your sigle of nearth after de- tank and future medical core, you may dical, usmat or behavioral heathcare	meed. The atoma	ton you provide and	v sesot in a refer	itary neethcare pro rattor apprional
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ARE ENCOURAGED TO AN HOME, Withholding of provi	ad each question completely and ISWER EACH QUEBTION. AN Cing inaccurate information may or additional evaluation or treatm	SWERNG THESI Impair a healthca	E QUESTIONS W re providera abili	TILL NOT DELI y to identify he	AY YOUR RETUR
DEMOGRAPHICS					
ARROYO	First Name LUZMARIA			Middle Initie	i
Social Security Number		Today's De	te (od/minm/yyyy)		
321-70-9075		13-Apr-2010	e loomenskyyy		
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FORM 2795, JAN 2008	PAEVIOUS EDITION	19 08 90 LETE.			Page 1 of 7 Pag
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vice Member's See)a) Securi					
	your health during the		o before this de; atth in general r		would you
Overall, how would you rate					
O Excellent		O Much bet	er now than before		
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PAST MONTH?  © Excellent  O Very Good  © Good  Pair  Poor  Uring the past 4 weeks, how callful problems fileses or symp	r difikult have physicar pr 17806 if for you to do	O Mech bett O Somewha G About the O Somewha O Mech work  4 During that p problems (ast to do your w	er now than before to better now than be same as before I of twocse now than before now than before and tweeles, though the large of th	efore I deployed epicyed efore I deployed I deployed w clifficult have ssed or arcricula)	made it for you
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AST MONTH?  O Excellen  O very Good  © Good  Fair  O Poor  O p	r difficult have physical virtuade it for you to do fily scilyluss?  In Dy a healthcare reprise, (e) for a	O Mech best O Somewha O Somewha O Somewha O Mech woh  During this p problems gas to do your w with other pe O Not d'Acut O Somewha O Yesp d'illo C Externely ( D During you have thospital es a O Not	er now than below to better now than be book a state as before in a worse now than be some as a 4 weeks, hours a technique prik, take care of copie?  at the copies and the copies are of copies at the care of copies at the care of copies at the copies at	efore I deployed oployed done I deployed I deployed I deployed I deployed Sego or pracous) I mings at hon	made il for you is, or get slong in a
"AST MONTH?  Q Excellent  Q Very Good  @ Good  Q Fair	difficult have physical of the control of the contr	O Mech best O Somewha O Somewha O Somewha O Mech woh  During this p problems gas to do your w with other pe O Not d'Acut O Somewha O Yesp d'illo C Externely ( D During you have thospital es a O Not	er now than below in better now trans to be starte as before in twose now trans to some than the sone when the sone when the sone when the sone when the sone than the sone of the sone when the sone of the sone	elor i deployed epicyed edors i deployed edors i deployed i deployed widifficult having a manual i mings at hon more nights his deployment.	made it for you no, or get along in a

corpona, etc), whice placed on quaries (Circy) or given light/simited duty (Profes), and whether you are still bothered by the symptom now.

Symptom	_	CA CHI		ST. C. S. P.		Dothers &	Symptom	E	Elch Cash   OverPrenet		Stal Branamer		
	14	C 14	8 M	o Yes	No	Yes	1	M	You	No	Yes	Ho	Ves
Fever	0	0	6	0	₩	0	Dizzy, light neaded, passed out	0	0	0	0	9	0
Cough fasting more than 3 weeks	. (0	0	6	0	Ð	0	Dartnes	00	0	•	0	•	0
Trouble treathing	C	is	(8)	0	(%	0	Varneing	6	0	6	0	40	0
0 of liendaches	0	瞬	(C)	0	642	0	Frequent indignssort	0	0	•	0	G	0
Generally leading wealth	0	ø	89	0	66	0	Problems alreading or still tering thed after steeping	0	6	œ	0	6	0
Hustia aches	(2)	0	砂	0	æ	0	Trouble concentrating, easily districted	0	6	*	0	(9)	0
Sworen, silli bi bëmlu puns	(1)	0	(10)	0	46	0	Forgettal or trayble remembering brings	o	æ	æ	0	e	0
lack pein	8	0	9	0	8	0	Hard to make up your mind or make decisions	0	<b>(a)</b>	<b>6</b> 5	0	Ø	Q
lumbness or targling in hands i laet	(4)	0	Œ.	0	6	0	Increased unitabley	0	Ø	ø	0	-30	0
dubiz kearing	0	60	•	0	æ	0	Shirt diseases or igames	(f)	0	6	0	<b>®</b>	0
inging in the ears	0	3)	6	0	Æ		Other (prease ver)	0	<b>(R)</b>	e	0	•	0
Etr, 160 eyês	0	•	E	0	5 <del>*</del>	0	Strags	- 1	İ	- 1		- 1	
ammig of vision. File the his wave going out	₽	0	C	0	e	0	-			-			
est pain or pressure	0	(9)	(9)	0	œ	0		- 1	- 1	1			

This form mus	i de completed elec	tronically, Han	dwritten terms	will not be accepted.
-				min not be ecocpied.

Service Member's Godal Security Number	r: 321.7	0.9075						
9.a. During this deployment, did you exp. following events? (Nack at one) apply)	erience a	iny of the	9.b. Did any of the following happen to y	ou, or wer	le vou			
(1) Blast or explosion (IED, APG, and mile, granade, etc.)	€ No	O Yes	told happened to you, IMMEDIATELY after any of the event(s) you just noted in question 9.6.? (Mark as the repply)					
(2) Vehicular accidenticion (any vehicle.								
(3) Fragment would or buildt wound above	O No	@ Yes	O No	S Ye				
MAN SHOULDERS	₫; No	O Yes	(2) Fell dazed, confused, or "age stars"	O No	e Ye			
(4) Fail				· · · ·	C1			
(b) Other evers fror oxemple, a sports incry	di No	O Yes	(i) Didn't remainder the event	30 VP	() Ye			
to you hero). Describe hasing and coresalives	O No	W Yes	(4) Had a concussion	(B) No	O Yes			
		~- 	(5) Had a head mury	<b>€</b> №	O Yes			
i.o. Did any of the following problems bag aller the evant(s) you noted in questio (Mark of the 1004)	in or gat 1 9.3.7	MOTER	9.d. in the past week, have you had any of you indicated in 9.c.? (Mark all has apply)	the symp	toms			
(1) Mamery problems or troses	€ No	O Yes	(1) Memory problems or Impaes	(g) No	O Yes			
(2) Balance problems or dispiness	闸 No	O Yes	(2) Basance problems or distiness	@ No				

This form mus	t be completed elect	tronically. Hand	written forms	will not be ac	cepted.
	POST-DEPLOYMENT	T HEALTH ASSE	SBMENT (PDI	-(A)	
	PRIVAC	CY ACT STATEME	NT	************	
AUTHORITY: 10 U.S.C. 138, 10711, 25	1, 5013, 8013 and E.O. 90	197			
PRINCIPAL PURPOSE(S): To assess in Identifying and providing present and healthcare that may include missical, city	while medical care you may	y nucld. The informat	on you provide me	w cashe in a color	ifary healthcore provi ration additions:
ROUTHE USE(S): In addesor to those and civiling healtocate providers, as not referrals	cisclosures generally beimm essary, >1 crcter to provide n	ilad (inder 5 U.S.C 5 racessary medical car	67s(b) of the Priva to and treatment. I	cy Act, to other F Responses may b	ederel and State agen la used to guide possi
DISCLOSURE. Volumaty & not provide	d, heathcate WILL BE furn	ished, but comprehen	sive care may not	be possible.	
NSTRUCTIONS: Ploase read each ARE ENCOURAGED TO ANSWER HOME, Wilhholding of providing ina- you to appropriate sources for addise	EACH OUESTION, AN cculate information may	SWERING THESE	W EMORTEBUD BROWNERS ADMIN	TLL NOT DELJ Y lo identity nei	NY YOUR RETURN Bith problems and re
DEMOGRAPHICS					
Lasi Name ARROYO	First Name LUZMARIA			Middle Initia	1
Social Security Number		Today's Date	(dd/mavn/yyyy)		
Hame of Your Unit during this Depl	Dy/mont		(dd/mmarlyyy)	Gender	
303th CA 8DE, DET 29		01-Jun-1981	3777	O Male	(1) Female
Bervice Branch Componen		Pay Grade	***************************************		
O Air Force O Active		DEI	0 01	O W:	
O Coast Guard & Reserve		O E3 O E5	O 03	O WZ	
O Marme Corps C Crisian	Soverament Employee	Q E4	0 04	O W4	
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Date of errival in thester (sammnly)	r)	OED	O OB		
26-May-2009		O Ea	O 010 O 03		
Darie of departure from theater Idains 10-Apr-2010	Marry Hame of Vac: Fied	Operation: dom			
Location of Operation. To what areas	were you mainly doploy	yed fung-based oper	auchs for more tha	in 30 days)?	
(Picase mark all that apply, moduling the nor Country 1: IRAO					
Cauntry 2.		lime at location (moni- lime at location (moni-			
Country 3		ime at location (man)			
Country 4:		ime at location (mont			
		me at location (month			
Occupational apacialty during this de	preymant (AOS/ADC, M	ECHOBO, OF AFSO)	42A3O		-
Combat specialty: 38630					
Current Contact information:			ct who can alw	eka terch hon:	
Phone: Cet: 81156308810		Prone 708-430-8			
DSN-		Emailt			
mait. lummin arroya dus army, mi		Making Address B			
Kochean 9148 So. 89th CT rekory Hilb , EL 60457	<del></del>	Hickory Hits , IL 60	1437		
DD FORM 2796, JAN 2008	PREVIOUS EDITION	IS OBSOLETE,			Page t of 7 Pages
This shows much be a	ammatatan alaaba -t-		n torme sill o	ni ba	
ervice Membar's Social Security Number	ompleted electronic	any, comparing	i idiilis iyii ii	or the accepto	:u.
Overall, how would you rate your hos	of th during the	2. Compared to			would you
PAST MONTH?			ith in general n nowthen before		
O Very Good		@ Somewhat	beller now little be	note ( debloked	
O 6000			ame as before 1di		
O Fair			worse now itum by now than before:		
During the past 4 weeks, how difficult heatin problems imess or injury made your work or other regular daily activity.	it for you to do	4. During the pe	al 4 woeks, hov	v difficult have	mada it for you
	mwrterF25	with other pec	ple7		
Nordflicht stall     Somewhal diffcut		O Not difficult of G Same-what of			
O Very difficult		O Very difficult			
O Extremely difficult		O Extremely de	licut		
How many times werp you seen by a h	ealthcare	6. Did you have t			
provider urvyskan, PA, medic, corpsmen, e	c) lura	hospital as a p	ations during th	is deployment	.7
medical problèm of concern during thi Leployment?	•	⊕ No  OYes, Reeson	/deles		
Vare you wounded, injured, assaulted our during this deployment?  B Ho O Yes	or otherwise 7	ra. IF YES, are you even!?	o still having pr		f to this
	THE PARTIES OF THE PARTIES		,		

comminutes the placed on quarters (Cris) Of given light/limited only (Probe), and whether you are still bettered by the symbol now.

Samuritan	SICE CHIE QUAFTONE?			STE Bellewedt		Symptom	SICE CHIT		Ot with the Mark		SIR Bernsted?		
	Yes	No	Yes	140	Yes	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Mo	Yes	Ho	Yes	No	Yes	
Fevr	•	0	Ð	0	卷	0	Duzy, tohi headed, passed out	0	89	•	0	Ø	0
Cough lasting more than 1 weeks	Ø	0	0	0	#	0	Diamhea	8	0	66	0	49	0
Trouble breathing	0	Ø	6	0	*	٥	Vamhing	0	0	Œ	0	8	0
Bad has duchor	0	1	(E	0	æ	0	Fraquent indigestion/ peadoun	(8)	0	(3)	0	Ð	O
Generally leading wash	0	30	0	0	æ	0	Problems sleeping or still leeting trod after sleeping	0	Ġ	•	0	€	0
Muscle aches	8	0	0	0	Œ	0	Trouble concentrating, easily distracted	0	œ	<b>æ</b>	0	<del>3</del>	0
Swoten, soft or painful joins	•	0	18	0	80	0	Forgetful or mouse remembering mous	0	9	29	0	0	0
Back palm	<b>(D)</b>	0	Ø	0	e	0	Herd to make up your riving or make decisions	0	0	œ	0	<b>5</b> 0	0
Nymbossy or lingling in hands or last	9	0	Ð	0	69	0	Notested autability	0	0	Œ	0	Œ	0
Frouble hearing	0	90	(9)	0	Œ	0	Skin dazuses or tuebes	0	0	0	0	Ø	o
Ringling in the earth	0	9	•	0	68	- 1	Other (planse list)	0	0	œ	0	B	0
Vatery red ayes	0	50	Œ	0	60	0	Siresa						
roming of vision, fike the give were going out	9	0	©	0	œ	0							
hast pain or pressure	0	36	0	0	œ l	0							

This form must be completed electronically. Handwritten forms will not be accepted

This form must be co	mplete	d electror	ically. Handwritten forms will not be se	scepted.					
Service Member's Social Security Numb	er: 321 7	70-9076							
5.a. During this deployment, did you sap, following events? (Mark el has soot) [1] Blast or suploston (IED, RPO, taid more		any of the	9.b. Did way of the following happen to told happened to you, MMEDIATES	LY after any					
grenade ec.) (9 Hz		O Yes	event(s) you just noted in question 9.2.? (Mark of that apply)						
(2) Yehoular accident/crash (any volucie, including aircraft)	O 140	e Yes	(1) Lost consciousness or got "knocked ou	4. O No	G Ye				
(3) Fragment wound or hullet wound above your shoulders	(t) No	O Yes	(2) Fell dazed, confused, or "saw sters"	O No	() Ye				
(4) Fall		1000	(D) Didn't remember the event	@ No	O Yes				
(5) Other event flor example, a sports elpiny to your head). Describe.	€ No	O Yes	(4) Had a concussion	Gi No	O Yes				
bosing and combaines	O 140	( Yes	(5) Had a head injury	@ No	OYH				
			(2) that a near injury	<b>6</b>	O				
i.c. Did any of the following problems be: after the event(s) you noted in questi (Markatthe apply)		t worse	9.d. in the past week, have you had any you indicated in 9.c.? (Mark at that apply)	of the symp	itoms				
(1) Mammiy problems or lepsus	6 No	OYM	(a) Morrory problems or lapsus	60 NO	0 141				
(2) Balance problems or distincts	dj No	O Yes	(2) Damoce problems or dissiness	€ No	O Yes				
(3) Ringing in the ears	0 10	E Yas	(3) Ringing in Ind tats	O No	& Yes				
(4) Sensitivity to bright light	6 No	O Yes	(4) Senakhily to bisgre tight	@ No	O Yes				
(6) krisani≤ty	(F. NO	0 111	(5) Innablely	₩ No	O Yes				
(6) Headaches	@ No	O Yes	(6) Headscros	<b>⊕</b> No	O YEL				
(7) Sleep propiers	os No	O YE	(7) Sheep proclams	(H tio	O Y81				
i. Old you uncounter dead tradits of see			unded during this deployment? (Nare so the	t apply)					
. Were you engaged in direct combet wh  O Yes ( O and O see O sir		discharge	te weapon?						
. During this deployment, did you ever fo ② Yes	odi that y	ov were in	great danger of being killed?						
Have you aver had any experience that			14. Over the PAST MONTH, have you been	bothered b	y the				
trightening, norrible, or upsetting that, I PAST MONTH, you	W 144M			or More than					
<ul> <li>Have hed dignimines about it or shought about it when you old not want to?</li> </ul>			aran eo/e	Hal hafflin G Days	day				
b. Tiled hard not to Prink about it or want out of your way to avoid pituations that ramind you of it?			0 0	0					
c. Were constantly on quard, watchful, or									

d. Fet numb or delastica from others, activities, or your surroundings?